

## **DDRS Template for Providers' Investigations**

Providers may use this template to document their internal investigations of:

- Allegations of Abuse, Neglect, and Exploitation,
- Significant Injuries of Unknown Origins, or
- Mortality Reviews.

This template meets the requirements for DDRS's Required Components of an Investigation Policy and DDRS's Mortality Review Policy. Use of the template is optional.

**I . Victim(s)/Alleged Victim’s Background Information**

Victim(s)/Alleged victim’s name(s):	1. 2. 3.
Victim(s)/Alleged victim’s information: - Funding Source - Medical Diagnosis - Intellectual Level - Method of Communication (verbal, gestures)	

**II. Background Information**

DDRS incident number:		Provider at time incident occurred:	
Date/time event/alleged event occurred:		Staffing ratio at time of event/alleged event:	
Date/time incident report was filed:		Required staffing ratio for date/time of event/alleged event :	
Immediate safety measures put into place following event/alleged event:			

**III. Name and title of all involved parties/ alleged involved parties:**

(Add additional lines as necessary)

All staff assigned to the victim/s or alleged victim/s at the time of the incident:	1. 2. 3.
All perpetrators/alleged perpetrators:	1. 2. 3.
All other people present at time of the event/alleged event:  Include person’s relationship to the victim/alleged victim: Family member Neighbor Other	1. 2. 3.

**IV. Nature of the event/alleged event (e.g., abuse, neglect, etc.):**

<p><b>What happened/is alleged to have happened:</b></p> <p>If applicable, include type of injury and location of injury on body.</p>	
<p><b>Where it happened/is alleged to have happened. As appropriate indicate:</b></p> <p>Family home or group home Home's address Room (bathroom, kitchen, bedroom, etc) Community (specific place) Day program (name, address)</p>	

**V. Evidence:**

**A. Interviews/Witness Statements.** List all of the people interviewed as part of this incident investigation. Whenever possible obtain signed and dated statements from all parties including but not limited to the following. Include signed statements as attachments to this report.

	Names/Titles/Contact Information	Interview Date/Time  How interview took place: Face-to-face, on the phone	Written Statement Obtained. Yes/No	Interviews: - Support event as described/allegations. - Do not support event as described/allegations. - Partially support event as described/allegations. Indicate where discrepancy occurs when interview either does not support events as described/allegations or partially support events as described/allegations.
Person who identified event/allegation that generated the IR:				
Actual and potential witnesses to the event/alleged event:	1.			
	2.			
	3.			
Consumer(s) present at time of	1.			

incident:	2.			
	3.			
Staff present at time of incident:	1.			
	2.			
	3.			
Others present at time of incident: Family members Neighbors Others	1.			
	2.			
	3.			

**B. Documentation reviewed.** List all documents reviewed as part of this incident investigation and include copies as attachments to this report. Potential documents include but are not limited to the following:

	Dates of notes/records reviewed. Also, when applicable include any identifying information of documents reviewed.	Statement as to how document/record/photograph reviewed: <ul style="list-style-type: none"> <li>- Supports event as described/allegation.</li> <li>- Does not support event as described/allegation.</li> <li>- Partially supports event as described/allegation.</li> </ul> Indicate where discrepancy occurs when document/record reviewed either does not support events as described/allegations, or partially supports events as described/allegations.
Staff daily notes.		
Medication administration records.		
Emergency room or hospital reports		
Behavior tracking sheets		
Other Police reports Billing statements/receipts Guardian letters		
Pictures or any other evidence  May include pictures of: Injury Physical condition of environment		

VI. **Findings.** Based on all of the information reviewed for this incident investigation, I have determined that incident number \_\_\_\_\_ is:

- Substantiated, the findings support the event as described/allegation,
- Not substantiated, the findings do not support the event as described/allegations, or
- Partially substantiated, the findings support part of how the event/allegation was described but not entirely.

Include a brief summary that includes a determination if rights have been violated, if services were not provided or not provided appropriately, if agency policies/procedures were not followed; and/or if any Federal or State regulations were not followed. If there is a discrepancy between the event as described/allegation and the final decision of this investigation explain why.

VII. **Completion.** Signature of investigator indicates completion of investigation.

<b>Name and Title of Person Completing Investigation:</b>	
<b>Date incident investigation was completed:</b>	
<b>Investigator's signature:</b>	

The following section should be completed by a manager, administrator, or other position with the authority to make management and personnel decisions. This section should not be completed by the investigator. Responsibility for monitoring implementation of corrective action can be delegated.

**Resulting Corrective Action.** Describe all corrective actions developed and implemented and/or to be implemented as a result of the investigation. Include person responsible for implementation of each corrective action item and completion dates.

Corrective Actions Resulting from Investigation	Person Responsible for Implementing Corrective Action	Implementation Date
1.		
2.		
3.		
4.		
5.		

<b>Name and Title of Person Completing Corrective Action:</b>	
<b>Date corrective action was completed:</b>	
<b>Signature:</b>	